

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
EUGENE DIVISION

KELLY CONRAD GREEN II, an individual,
By and through his guardian ad litem Derek
Johnson,

Plaintiff.

Civil Case No. _____

APPLICATION TO PROCEED
IN FORMA PAUPERIS

CORIZON HEALTH, INC., a Tennessee
Corporation; LANE COUNTY, an Oregon county;
DR. CARL KELDIE, an individual; DR. JOE
PASTOR, an individual; BECKY PINNEY, an
individual; DR. JUSTIN MONTOYA, an
individual; VICKI THOMAS, an individual;
KIRSTIN WHITE, an individual; JACOB PLEICH,
an individual; SHARON FAGAN, an individual;
ROB DOTSON an individual; GUY BALCOM, an
individual; DONALD BURNETTE, an individual;
JOHN DOES 1-10,

Defendants.

I, Kelly Conrad Green II, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions:

1. Are you currently incarcerated? ☐ Yes ☒ No

If "Yes" state the place of your incarceration: _____

If "Yes" and you are filing a civil action, have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account showing transactions for the past six (6) months.

2. Are you currently employed? ☐ Yes ☒ No ☐ Self-employed

a. If the answer is "Yes," state:

Employer's name: _____

Employer's address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

b. If the answer is "No," state:

Name of last employer: Arby's

Address of last employer: Bothell, Washington

Date of last employment: Approximately 8 years ago.

Amount of take-home salary or wages: unknown _____ (specify pay period)

3. Is your spouse or significant-other employed? ☐ Yes ☐ No ☐ Self-employed ☒ Not applicable
If the answer is "Yes," state:

Employer's name: _____

Employer's _____ address: _____

Amount of take-home pay or wages: \$ _____ per _____ (specify pay period)

4. In the past 12 months have you received any money from any of the following sources?

a. Business, profession or other self-employment ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

b. Rent payments, interest, or dividends ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

c. Pensions, annuities, or life insurance payments ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

d. Disability or workers compensation payments ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

e. Gifts or inheritances ☐ Yes ☒ No

If "Yes," state: Amount received: \$ _____

Amount expected in future: \$ _____

f. Any other sources ☒ Yes ☐ No

If "Yes," state: Source: Social security disability

Amount received: \$730.00 per month

Amount expected in future: \$730.00 per month

5. Do you have cash or checking or savings accounts? ☒ Yes ☐ No
(including prison trust accounts)?

If "Yes," state the total amount: \$704.33

6. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes," describe the asset(s) and state the value of each asset listed.

7. Do you have any other assets? ☐ Yes ☒ No

If "Yes," list the asset(s) and state the value of each asset listed.

8. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? ☒ Yes ☐ No

If "Yes," describe and provide the amount of the monthly expense.

My care facility takes \$647.21 of my monthly social security, leaving me \$82.79 per month for living expenses.

9. List the persons (or, if under 18, initials only) who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

No one

10. Do you have any debts or financial obligations? ☒ Yes ☐ No

If "Yes," describe the amounts owed and to whom they are payable.

Unpaid medical bills of approximately \$34,000.00.

If I am incarcerated, I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments toward the full filing fee of \$350.00 for a prisoner civil rights complaint in accordance with 28 U.S.C. § 1915(b).

I declare under penalty of perjury that the above information is true and correct.

10-16-2013
DATE

[Signature]
SIGNATURE OF APPLICANT

Kelly Conrad Green II
PRINTED NAME OF APPLICANT

10-16-2013
DATE

[Signature]
SIGNATURE OF APPLICANT'S MOTHER

Sandra G. Pulver
PRINTED NAME OF APPLICANT'S MOTHER